

INORGANIC ANALYSES

FROM COMMERCIAL LABORATORIES

Section I: To be completed by the Department of Natural Resources

System Name: _____ City: _____

Pws Id#: _____ County Code: _____ Route Code: _____

Entry Point ID: _____ WI Unique Well No: _____

Sampler Phone/Name/Address

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80(9). Personally identifiable information on this form will be used for no other purpose.

System Type:

Source Code:

Sample Type:

____ (MC) Municipal Community

____ (OC) OTM Community

____ (NN) Nontransient Noncommu

____ (TN) Transient Noncommunity

____ W Well

____ E Entry Point

____ D Distribution

____ D (SDWA) Compliance Sample

____ C (SDWA) Confirmation

____ W Raw Water Sample

____ I Investigation Sample

Collect sample between: ____/____/____ and ____/____/____ Return results to DNR by: ____/____/____

Section II: To be completed by SAMPLER

Sample Collection Date ____/____/____ Time: ____:____ ☐ a.m. ☐ p.m.

Sample Point Address: _____

Sample Point Descrip: _____

First Initial and

Last Name of Sampler: ____ - _____

Section III: To be completed by LABORATORY OFFICIAL. Report analytical results on back.

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.

NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory ID Number: _____ Laboratory Name: _____

Date Sample Received: ____/____/____ Time Sample Received: ____:____ Laboratory Sample ID: _____

Signature of Receiving Lab Official: _____ Date Reported: ____/____/____

Condition of Sample Upon Receipt: _____

Section IV: To be completed by WATER SUPPLY SYSTEM OFFICAL after analysis has been done.

I certify that I personally examined and am familiar with all information submitted on this document and all attachments and that, based on my inquiry of those individuals responsible for obtaining the information. I believe that the information is true and accurate, and complete. I also certify that the values being submitted are the actual values found in the sample; no values have been modified or changed in any manner.

Signature: _____ Title: _____

Date Signed: _____

INORGANIC ANALYSES

System Name: _____

This page to be completed by WATER SUPPLY SYSTEM OFFICIAL
or by laboratory performing analysis.

PWS ID: _____

Lab Sample ID: _____

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
410	ALKALINITY TOTAL CaCO ₃					MG/L
1105	ALUMINUM TOTAL					MG/L
1097	ANTIMONY TOTAL				0.006	MG/L
1002	ARSENIC TOTAL				0.050	MG/L
34225	ASBESTOS				7 Mill	FIB/L
1007	BARIUM TOTAL				2	MG/L
1012	BERYLLIUM TOTAL				0.004	MG/L
1027	CADMIUM TOTAL				0.005	MG/L
916	CALCIUM TOTAL					MG/L
940	CHLORIDE					MG/L
50060	Chlorine total residual					MG/L
1034	CHROMIUM TOTAL				0.1	MG/L
80	COLOR					MG/L
1042	COPPER TOTAL					UG/L
720	CYANIDE				0.2	MG/L
951	FLUORIDE TOTAL				4	MG/L
900	HARDNESS TOTAL CaCO ₃					MG/L
74010	IRON					MG/L
1051	LEAD TOTAL					UG/L
927	MAGNESIUM TOTAL					MG/L
1055	MANGANESE					MG/L
71900	MERCURY TOTAL				0.002	MG/L
1067	NICKEL TOTAL				0.1	MG/L
618	NITRATE				10	MG/L
630	NITRATE+NITRITE				10	MG/L
613	NITRITE				1	MG/L
403	PH LAB					
500	SOLIDS, TOTAL					MG/L
1147	SELENIUM TOTAL				0.05	MG/L
1077	SILVER TOTAL					MG/L
929	SODIUM TOTAL					MG/L
945	SULFATE TOTAL					MG/L
1059	THALLIUM TOTAL				0.002	MG/L
1092	ZINC TOTAL					MG/L

* Health Advisory

Approved By QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____